



Docket No.: J5460.0009/P009-A
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
John L. Janning

Application No.: 10/620,771

Filed: July 17, 2003

Art Unit: N/A

For: VOLTAGE REGULATED LIGHT STRING Examiner: Not Yet Assigned

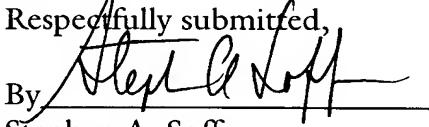
**PETITION TO MAKE SPECIAL
UNDER 37 CFR 1.102(d)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

John L. Janning, Applicant in the above-entitled application for Letters Patent, hereby petitions the Commissioner for an order directing the above Application be made special for the reason that the Applicant is over sixty-five (65) years of age, evidenced by the attached copy of Mr. Janning's birth certificate. No fee is required with this petition. 37 C.F.R. § 1.102(c).

Dated: October 28, 2003

Respectfully submitted,
By 
Stephen A. Soffen

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Attorney for Applicant

PLACE OF BIRTH

MONTGOMERY

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Residence of _____
or
Fiancee of _____
by or _____
Agatha G.

Registration Number 804
Primary Registration Number 8390
Record No. 7 Ward

10.1.1

TITLE NAME OF CHILD

*John Lorraine Garrison*If child is not yet named, enter
supplemental report, as directed

SEX MALE	TYPE white or colored If to be answered only by name of parent, check	NUMBER IN ORDER OF BIRTH	LOVED YES	DATE OF BIRTH (Month) 3 - (Year) 30 (Month) (Year) (Year)
FATHER		MOTHER		
TITLE NAME	Eugene Garrison	FULL MOTHER'S MAIDEN NAME	Gretchen Kiesow	
RESIDENCE including P.O. ADDRESS	1029 S. Woodland Blvd.	RESIDENCE including P.O. ADDRESS	Same	
COLOR RACE	WHITE	AGE AT LAST BIRTHDAY (Years)	21	COLOR RACE WHITE
BIRTHPLACE	DAYTON, OHIO	BIRTHPLACE	Colerain, Ohio	AGE AT LAST BIRTHDAY (Years)
OCCUPATION AND INDUSTRY	Businessman	OCCUPATION AND INDUSTRY	HOUSEWIFE	
NUMBER OF CHILDREN BORN AND LIVING		NUMBER OF CHILDREN OF THIS MOTHER BORN AND LIVING IN THIS MOTHER, INCLUDING THIS CHILD (IF BORN ALIVE)		
Number of children born alive in this mother, including this child (if born alive)		Is child congenital deformed?		
		Was Prophylactic ointment Ophthalmic ointment used? YES		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child born on *July 20, 1928* and that the

child was *ALIVE* (Born Alive or Stillborn).

When there was no attending physician
or midwife, check this box. However,
one should make this return. A midwife
CHILD IS ONE THAT PREVIOUSLY BREASTFEEDED
SHOULD NOT BE CHECKED.

Give name added from a supplemental report

APR 12 1928

OFFICIAL USE ONLY

Date *July 20, 1928* on the date above named
Place *Dayton, Ohio*
Physician or Midwife *R. A. Lewis*

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE
PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE
IN THE OFFICE OF THE COMBINED HEALTH DISTRICT #3-91
MONTGOMERY COUNTY, DAYTON, OHIO.

THIS CERTIFICATE IS NOT VALID
UNLESS SEALED BY LOCAL REGISTRAR